Baptism Application

Date: _____

Return to:
St Andrew's ~ Mt Pleasant
Attn: Rector's Personal Assistant
440 Whilden Street
Mt Pleasant, SC 29464
Fax: 843.884.2407
Email:NSapakoff@WeAreStAndrews.com

Children's Information

☐ **Male** ☐ **Female**

Full Name: _____
First Middle Last

Name Called: _____

Date of Birth: _____ Age: _____ Place of Birth: _____

Parent's Information

Mother's Full Name: _____
First Middle Last

Father's Full Name: _____
First Middle Last

Address: _____
City, State, ZIP

Email: _____

Are either of you members of St. Andrew's? ☐ Yes ☐ No
If no, where? _____

Have you had a child baptized here before? ☐ Yes ☐ No

Phones

W _____

H _____

M _____

Baptism Information

Date of Baptism: _____ Baptisms are normally scheduled on the 1st Sunday of each month.

Service time and place:

Historic Church
- ◯ 7.45 am
- ◯ 9.00 am
- ◯ 10.45 am
- ◯ 6.00 pm

Ministry Center
- ◯ 9.00 am

Number of seats to reserve for family/guests: _____

Godparents/Sponsors: _____

The mission of St. Andrew's is to connect people to the presence and the power of Jesus Christ.